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TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES \$640 \$300 09/03/2002 nonprovisional EXAMINER CLASS-SUBCLASS ART UNIT GHAYOUR, MOHAMMAD H 2634 375-141000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys , JACOBSON MOLMAN. PLLC or agents OR, alternatively, (2) the name of a ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. single firm (having as a member a registered attorney or agent) and the names of up to 2 ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required. registered patent attorneys or agents. If no name is listed, no name will be printed. 3. 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